

ATTACHMENT 6
PROGRAM: OWNER-OCCUPIED REHABILITATION

Name of State Recipient Applicant: _____

SECTION I. PRIOR EXPERIENCE WITH OWNER-OCCUPIED REHABILITATION PROGRAM

Prior experience of applicant **or** administrative subcontractor in implementing all administrative components of an owner-occupied rehabilitation program within the last 5 years. Fill in the table with any funding source for this activity and indicate the number of units **completed** for the years indicated.

Indicate the name of the entity for which the table below includes information (List only one):

Applicant: _____

Administrative subcontractor: _____

Year Program Administered and Units Completed					
Funding Source (Name of Program)	Number of Completed Units				
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>

SECTION II. DEMONSTRATED COMMUNITY NEED AND DEMONSTRATED MARKET (Housing element must be in substantive compliance in order to receive points)

A.

Page Number(s)
Owner-occupied rehabilitation is identified as a need in housing element of jurisdiction

Submit copy of page(s) as Attachment 6.A.

B.

Demonstration of Need	Number of Units Needed	Housing Element Page Number(s)
1. Number of units needing replacement		
2. Number of units needing rehabilitation		

Submit a copy of page(s) as Attachment 6.B.

SECTION III. EXTENT TO WHICH THE PROGRAM IS READY TO BE IMPLEMENTED

- A. Attach Owner-Occupied Rehabilitation program guidelines and/or operating procedures as Attachment 6C. Indicate below where the following items are found, highlight those provisions in the guidelines or procedures, and write the number of the item addressed in the margin. NOTE: The Department will not be responsible for locating items which are not properly highlighted.

Provision in Guidelines		Page Number(s)
1.	Income limits by household size	
2.	Statement that all persons on title are considered household members for purposes of income eligibility	
3.	Statement that all persons in residence are considered household members for purposes of income eligibility	
4.	Housing unit must be principal residence of the owner.	
5.	Maximum amount of HOME assistance per unit	
6.	Maximum after-rehabilitation property value (If other than single-family units, include for different number of units)	
7.	Either a statement that properties constructed prior to 1978 will not be eligible for assistance or lead-based paint requirements for properties constructed prior to 1978. These requirements include: a. Requirement that lead-based paint notification be given to occupants; b. Requirement that properties be inspected for defective paint surfaces; and c. If defective paint surfaces are found, requirement that they will be properly abated	
8.	Description of type of HOME assistance to be provided (i.e., types of loans, interest rate, term, etc.). If grants, special justification is provided	
9.	Description of how households and properties will be selected	
10.	Description of initial, interim and final inspection procedures and persons responsible for performing them	
11.	Description of process for developing work write-ups and written cost estimates and persons responsible for developing and/or reviewing them	
12.	Description of method of determining cost reasonableness	
13.	Description of method of determining amount of HOME assistance provided to a project	
14.	Contractor selection process including bidding, contractor selection, determination of contractor eligibility (federal and state), and contract award	

B. Attach written rehabilitation standards as Attachment 6.D. Indicate below where the following items are found, highlight those provisions in the standards and write the number of the item addressed in the margin. NOTE: The Department will not be responsible for locating items which are not properly highlighted.

Rehabilitation Standards		Page Number(s)
1.	Work items which are eligible and ineligible for assistance under the applicant's HOME program	
2.	Whether or not general property improvements (gpi) will be allowed and, if so, what types and how much of the rehabilitation costs are allowed for gpi	
3.	List the local codes or other property standards which must be met at completion of the rehabilitation	

C. Identify required match of 25 percent

1. Provide the calculation of required match:

HOME project costs: \$_____ X .25 = \$_____

2.	Source(s) of Match	Value
	TOTAL MATCH	

SECTION IV. LEVERAGE Only **project** (not administration) funds should be included. In order to be counted, documentation must be provided as Attachment 6.E. Documentation requirements are as follows:

Source of Leverage	Documentation of Leverage
Public funds	Commitment letter or resolution from the funding source stating the amount and allowable use of the funds.
Private funds	Letter of interest from private funding source stating the amount and proposed use of the funds.

A. Calculations: Provide the calculations in the space provided

1.	Average project cost per unit	\$ _____
	<u>x Number of units</u>	x _____
	Total costs	\$ _____

2. Total costs \$ _____

- HOME project costs - _____

Maximum potential leverage \$ _____

B. Leverage Amount

Source of Leverage	Amount	Documentation Attached (Yes/No)
TOTAL LEVERAGE		